

(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

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NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist	t(s) James P. Monahan	
II. Name of lobbyist	t's partnership, firm or corporation, if any4	
The Dupont Group (Name of partnership, firm	n or corporation)	
	401 Concord, NH 03301 (Town/City) (State) (Zip Code)	
(603)228-3322 (Telephone)	(603) 228-0713 (Fax)	e-mail _edupont@dupontgroup.com
expense transaction	covers: (Choose one – file separate reports for swhich are not attributable to any one clien transactions occurring in the month prior to the	
HealthSouth		
OR	(Full Name of Client as it appears of	n the Lobbyist Registration Form)
		st's family), or the lobbying firm listed below which are unrelated
IV. Date of Report Reports cover	April 26, 2017 X activity from date of registration to 3/31/17	July 26, 2017 \square activity from 4/1/17 to 6/30/17
	October 25, 2017 activity from 7/1/17 to 9/30/17	January 31, 2018
V. There have been If this box is checked 03301.	no fees received and no reportable transact l, complete just this form and submit it to the Se	ions made since the last report. cretary of State's Office, State House, Room 204, Concord, NH
	onal reports are attached: ved fees or made expenditures, you must file A	ddendum A- Fees and Expenses
☐ If you have paid Reimbursement	an honorarium or reimbursed expenses, you me	ust file Addendum B- Report of Honorariums or Expense
☐ If you, your firm	, or your family has made political contribution	s, you must file Addendum C- Political Contributions.
Sworn Statement/A I have read RSA 15, best of my knowledg	ge and belief.	affirm that the foregoing information is true and complete to the
(Signature of lobbyist)		4/26/2017 (Date)
James Monahan		



STATE OF NEW HAMPSHIRE Lobbyist Fees and Expenses Addendum A

(RSA Chapter 15:6

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NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)	
James P. Monahan	
II. Name of lobbyist's partnership, firm or corporation, if any:	
The Dupont Group	
(Name of partnership, firm or corporation)	
III. Name of Client HealthSouth Date 4/26/2017	
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to including fees for services such as public advocacy, government relations, or public legislation, and related legal work. The gross fee amount reported shall not be received.	ublic relations services including research, monitoring
a) Total of all fees received in this reporting period	a) \$3000
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$0
c) Total of all fees received to date (Add lines a and b)	c) \$3000
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$0
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report reports are to be filed for expenditures made relative to each client and if expert unrelated to any one client a separate report may be filed for the lobbyist(s)/firm categories of expenses: (a) the aggregate total of all expenses paid during the resoffice expenses; (b) the aggregate total of all individual expenses where the experimental purchased during a business lunch where the cost was \$25.00 or less, purchase the person being lobbied, purchase of a ceremonial object given to a person being itemized statement of each individual expenditure made during this reporting provered by (a) (for example: purchase of a meal with value of greater than \$25 subject of lobbying with a value greater than \$25, but not greater than \$50, rest for honorariums, expense reimbursement, or political contributions will be reported and addendum A.	nditures are made by the lobbyist(s)/firm that are m. Expenses are to be reported in one of three experting period for salaries, benefits, support staff, and penditure was of \$25.00 or less (for example: meals of a pen with a value of less than \$10 that is given to less lobbied with a value of \$25.00 or less); and (c) an eriod of greater than \$25.00 for any purpose not purchase of a ceremonial object to be given to the leaurant expenses for a legislative reception). Expenses
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$

b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$
d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from 1 whom paid or to whom charged.	obbying fees during this reporting period, including by
Paid to: Amount:	
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the best of my knowledge and belief.	
Ja The	
4/26/2	
(Signature of lobbyist) (Date)	
James Monahan (Print Name of lobbyist)	